

Dear oncology nurse leader,

In March, the U.S. Congress unveiled legislation to repeal and replace Medicare's sustainable growth rate (SGR) payment system, provide for the extension of certain Medicare programs, reauthorize the Children's Health Insurance Program (CHIP) (which may assist some pediatric patients with cancer), and provide for structural reforms for Medicare payment. The bipartisan legislation was jointly introduced by House of Representatives health committee leaders as H.R. 2, the Medicare Access and CHIP Reauthorization Act of 2015. The House passed the legislation by a vote of 392 to 37 to affirmatively fix the broken SGR on March 26, 2015.

Subsequently, the U.S. Senate passed its budget resolution on March 27, along party lines, but failed to bring up the SGR before recessing for two weeks. Senate Majority Leader Mitch McConnell (R-KY) assured his colleagues that the Senate will vote on the SGR bill when the upper chamber returns after the Easter/Passover recess. Although the latest extension to prevent any Medicare cuts expired at midnight on March 31, the Centers for Medicare and Medicaid Services will be able to handle the delay by holding claims for 14 days.

Senator McConnell stated his belief that the bill will pass by a very large majority. One key issue for movement in the Senate is an agreement for how to proceed. Democrats want assurance that they'll receive votes on three amendments, including an amendment to reauthorize CHIP for four years instead of two years as stated in the House bill. If a compromise can be reached, Senate passage of the legislation should occur with a large, bipartisan vote.

Quick Take

Just this past week, legislation to repeal Medicare's SGR physician payment system was released. The bill establishes a new streamlined value-based incentive payment system, the merit-based incentive payment system (MIPS). The new program consolidates the three existing Medicare incentive programs—physician quality reporting system, electronic health records, and value-based payment modifier—and allows providers to opt-out of the fee-for-service system in favor of participating in alternative payment models, such as accountable care organizations, patient-centered medical homes, and other similar arrangements. The bill closely resembles the [SGR Repeal and Medicare Payment Modernization Act](#) (H.R. 4015/S. 2000), which passed in the House last year but died in the Senate.

Provisions of Interest to Oncology Nurses

Although Medicare physician payment may not directly affect all oncology nurses, a few key provisions are likely of interest to ONS members.

- Nurses are directly impacted by the SGR because 38% of Medicare Part B providers are advanced practice registered nurses who are paid a fraction of the physician fee schedule. H.R. 2 would improve access for Medicare patients by eliminating cuts to all Medicare Part B providers facing a 21% reduction in Medicare reimbursements on April 1, 2015.
- In addition, the new MIPS system will apply to nurse practitioners and clinical nurse specialists (among others) beginning in 2018. More immediately, the bill includes a provision to provide payment for chronic care providers (including nurse practitioners and clinical nurse specialists) for services furnished on or after January 1, 2015.

- Given the reauthorization of CHIP, pediatric patients with cancer may also benefit from the legislation.

As the final provisions of the SGR are debated and brought to the Congressional conference committee, ONS will continue to follow the bill and report on important aspects to oncology nurses.